PHYSICAL THERAPY PRESCRIPTION

Physician's Signature:



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PATIENT	STICKER

LOWER LEG FASCIOTOMY PROTOCOL

Surgical Date:				
Diagnosis: Chronic exertional compartment syndrome				
<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>	
Weeks 0-4 HEP daily	Normal gait Stair ambulation Full ankle ROM Edema and pain control	WBAT with crutches DC crutches when normal gait	Week 1-2: Calf pumps Seated Achilles/GS stretch Pain free ankle isometrics Ankle ROM Wobble board Weeks 3-4: Heel raise progression Stationary bike light resistance Ankle strengthening with tubing Step-ups (start 4", progress)	
Weeks 4-8 HEP daily	Full ankle ROM & strength Pain free hop with good form	WBAT Progress to the following exercise and increase intensity gradually when patient ready (ie. No increased leg pain or edema since previous exercise session)	Week 4-6: Aggressive stationary bike Elliptical and/or stairmaster Standing GS stretch Standing balance exercises Progress strengthening (calf press, leg press, squats 0-45°, HS curls, hip, and core) Weeks 6-8: Begin jogging program (5-10 min TIW, progress time/distance 10-20% per week) Progress strengthening	
Weeks 8-12 HEP daily	Jog without limits Hop for distance (>90% contralateral)	WBAT Progress to the following exercise and increase intensity gradually when patient ready (ie. No increased leg pain or edema since previous exercise session)	Continue flexibility Continue strengthening Advance jogging program (progress time/distance 10-20% per week) Functional training (begin 25% intensity and progress gradually: jumping, hopping, directional jogging, cariocas, shuffles, etc.)	
Weeks 12+ HEP daily	Full unrestricted activity	WBAT Expect RTP 4 months	Increase intensity and duration Sport specific exercises	
Frequenc	y & Duration: □ 1-2 □	2-3 x/week for weeks	Home Program	

M.D.